

Application Procedures

Submit the following information and documentation by the published deadlines for consideration for admission to the Program.

Complete application packets consists of the following:

- Complete application for admission
- Current Official College Transcript
- Biographical statement of why you chose Medical Technology.
Statement should be no longer than one-single spaced typed page or two-double spaced typed pages.
- Evaluation of transcript by current university faculty advisor
- **TWO** References (At least one from a Science Instructor who is NOT your Curriculum Advisor.) Please use the Reference Forms -- These forms must be signed by applicant, waiving the right to information provided. This is a two page form – be sure your references have both pages.
- Permission to review application and essential requirements form must be signed, dated and returned with application.

Only applicants with complete application packets, who meet all other program requirements, will be granted an interview.

Application Deadlines & Timelines:

January Admission

Postmarked by August 31

Interviews scheduled in September by Program Director

Notification of class selection beginning October 1

July Admission

Postmarked by February 28

Interviews scheduled in March by Program Director

Notification of class selection beginning April 1

Upon receipt of the completed admissions package, the Program Director will contact applicants to schedule individual interviews with the Admissions Committee. The Admissions Committee consists of the Program Director and representatives of the three major laboratory sections. The point system for student evaluation is as follows: 15 points: references, 15 points: overall GPA, 25 points: science GPA, 40 points: interview, and up to 5 points: qualified working experience. Applicants tour the lab and are introduced to the staff before or after the interview.

APPLICATION FOR ADMISSSION

OVERTON BROOKS VA MEDICAL CENTER
SCHOOL OF MEDICAL TECHNOLOGY(113)
510 E. Stoner Avenue, Shreveport, Louisiana 71101-4295

(PLEASE PRINT OR TYPE)

DATE _____

NAME IN FULL _____
LAST FIRST MIDDLE

PRESENT OR SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE(____) _____

CITIZENSHIP (optional) _____ SSN# _____ cell # _____

DATE OF BIRTH (optional) _____ e-mail address _____

WHEN DO YOU WISH TO ENTER THE SCHOOL? (CIRCLE ONE) JANUARY / JULY YEAR _____

EDUCATION

HIGH SCHOOL ATTENDED _____

CITY _____ STATE _____ GRADUATION DATE _____

UNIVERSITY ATTENDED _____

CITY _____ STATE _____ GRADE POINT AVERAGE _____

DATE ENTERED _____ DEGREE? _____ IF YES, MAJOR _____

HAVE YOU HAD PREVIOUS TRAINING IN A MEDICAL LABORATORY? (CIRCLE ONE) YES / NO

IF YES, LABORATORY _____ CITY _____

REFERENCE CONTACT INFORMATION:

NAME _____

TITLE _____

E-MAIL _____

PHONE _____

NAME _____

TITLE _____

E-MAIL _____

PHONE _____

Revised August 2011

Date: _____

I, _____ grant the Admissions Committee of the Overton Brooks VA Medical Center School of Medical Technology, Shreveport, Louisiana, permission to review all materials relative to my application for Medical Technology School, including my college transcript.

(Signature of Applicant)

___ I have read, understand and believe I can fulfill the "Essential Functions" of the program.

___ I have read but do not understand or do not believe I can fulfill the "Essential Functions" of the program.

(Signature of Applicant)

OVERTON BROOKS VA MEDICAL CENTER
SCHOOL OF MEDICAL TECHNOLOGY
Instructor or Employer Evaluation

Applicant's Name (print): _____

I, _____ waive the right to review information provided on this form.
(Signature of Applicant)

The above named student has submitted an application for the clinical year at our school. Evaluations recommendations made by science instructors and employers have proven to be very informative in the selection process. We respectfully ask that you evaluate this student for the characteristics or traits listed below and return the form (fax, E-mail or USPS) directly to the address at the end of the form. Thank: your assistance.

Please check the appropriate cell:

Characteristic		Excellent	Above Average	Average	Below Average	Unable to assess
Personal	Appearance					
	Cooperation					
	Integrity					
Communication Skills	Oral					
	Written					
Motivation	Attitude					
	Initiative					
	Punctuality					
Ability	Learning					
	Comprehension					
	& Correlation					
	Imagination					
	Originality					
Quality of Work	Organization					
	Accuracy					
	Technical					
	Competency					
Leadership	Judgment					
	Emotional Stability					
	Responsibility					

(continue on reverse side)

Your name: _____

Title: _____ How long have you known the applicant? _____

Employer or university affiliation _____

Date: _____ Telephone: _____ E-mail: _____

INTERACTION:

- ☐ Instructor in one class
- ☐ Instructor in several classes ☐ Employer
- ☐ Other

OVERAL RECOMMENDATION:

- ☐ Strongly recommend
- ☐ Recommend
- ☐ Recommend **with** reservations *
- ☐ Do not recommend

ADDITIONAL COMMENTS:

*

Thank you for your assistance.
Please return your evaluation directly to the School:
John S Davis, Program Director
Clinical Laboratory
Overton Brooks VAMC
School of Medical Technology (113)
510 East Stoner Avenue
Shreveport, LA 71101-4295
318-990-5569
318-990-5393 fax
john.davis36@va.gov

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